

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
2		/				
3		/				
4		/				
5		2				
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48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DER.	45					
TOTAL CLAIM	49					

  

	* 1st		* 2nd		* 3rd	
	IND.	DER.	IND.	DER.	IND.	DER.
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99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS